

Ministry & Learning Centre Level 4, 5 Saunders Close Macquarie Park NSW 2113

EMAIL hello@nswactbaptists.org.au **PHONE** 02 9868 9200

www.nswactbaptists.org.au

PHONE 02 9808 9200

ABN 24 941 624 663

PASTOR ENDORSEMENT FORM

Name of Applicant	
Church Attending	
Length of Time they have been attending in months/years	
I have personally known them for	_
The areas of ministry they have been involved in are:	

o I declare the following of this person:

Attends church regularly	True	False
Shows characteristics of Christian discipleship and maturity in faith	True	False
To the best of my knowledge, this person has not involved in unsafe practices with children and is a safe person to work with children.	True	False
Has had their working with children check number verified	True	False
Has completed Creating Safe Spaces training and that training is current	True	False
Has completed or is in the process of completing the required minimum training as per the Association requirements for authorisation.	True	False

- I declare that I am the local representative of the Baptist Association, and that this person is suitable to represent my church locally as an SRE teacher/helper. I understand that my role is to locally endorse, but it is the Baptist Association that authorises people to teach SRE in NSW.
- o I understand this applicant is required to read and sign the Baptist Association's Code of Conduct which is the same as required by the local church would normally have volunteers and staff sign.
- I understand this applicant must supply two referees and I can be counted as one of those. I
 understand this is the same as required by the local church would normally have volunteers
 and staff complete.
- I understand that this applicant must complete a screening questionnaire as a local representative of the Baptist Association. This would be a similar questionnaire to what is required by the local church to ask their staff and volunteers to complete.
- I understand that this applicant must complete a DoE declaration relating to criminal convictions and must truthfully provide information relevant to criminal convictions in the past and notify the Baptist Association as the applicant's Approved Provider, of any future allegations and/or charges of a criminal matter, court proceedings and/or incur a conviction.



Contact phone/email: _

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- o I declare that if this applicant is attending a non-Baptist church, I know them personally and I am satisfied they meet the requirements of the Baptist Association's authorisation process, and I am happy for them to represent our church locally. (Cross out if this is not relevant for this application)
- o I declare that I am willing to provide ongoing support and care of this applicant and will endeavour to support them in keeping their authorisation requirements up to date.
- o I understand that if this person is not a regular attender of the local church now or in the future, that their authorisation may be paused or revoked if they stay out of fellowship for an extended period. I have discussed this with them.

 I declare I interviewed this person on	leted this interview as part of the initial u can write a date retrospectively if you
Referee Two Information (non-family member)	
Name:	
Role/Relationship to teacher:	
Contact Number/email:	
 I declare that I have spoken to this person and suitability, they agree the applicant is suitable 	
List here any comments the 2 nd referee made that you fee	el are important to note
I spoke with this referee on this date:	
Name of endorsing Baptist Pastor:	
Signature Endorsing Baptist Pastor:	Date:
Contact phone/email:	
(Put a line through if this section is not relevant) Name of local minister of applicant: (if not attendingChurch: _	<i>,</i>
Signature of local minister:	